

APPLICATION FOR LEAVE OF ABSENCE (PREGNANCY, ADOPTION, PARENTAL)

(to be completed and returned to the Human Resources Department)

Name		Employee ID	
School/Location			

I wish to apply for:

- Pregnancy Leave.**
Expected date of childbirth _____
(Attach original confirmation of due date from health care provider.)
- Adoption Leave.**
Expected date of child first coming into care and control of employee _____
- Parental Leave.**

Start Date of Leave: _____

End Date of Leave: _____

BENEFITS

You will be invoiced by the Board’s Accounting Department for the cost of benefits maintained.

Compulsory:

These are the benefits you must carry as condition of employment. Please refer to your Collective Agreement and your pay statement. Please be advised that you will be re-enrolled in the compulsory benefits (if not maintained) upon your return unless you have exemptions on file.

- I wish to maintain the compulsory benefits.
- I not wish to maintain compulsory benefits.

Optional:

If you choose to cancel the optional benefits for the duration of your leave, you will have to re-apply by providing evidence of insurability.

- I wish to maintain optional benefits
- I do not wish to maintain optional benefits

Applicant Signature _____

Date _____

For further details please refer to your Collective Agreement.